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FOR ACTION

COUNTRY PROGRAMME STRATEGY NOTE**

Malawi

SUMMARY

The Executive Director presents the country programme strategy note for Malawi for a programme of cooperation for the period 1997 to 2001.

Within a new democratic and multi-party Government, the proposed country programme has strategic themes of community empowerment and action, behavioural change and gender equity. The Convention on the Rights of the Child is the major point of reference for a shift of focus from service delivery to empowerment, with a priority on building national partnerships with the Government, non-governmental organizations (NGOs), the private sector and multilateral donors. Survival, development and participation rights provide the framework for the health, water supply and sanitation, family and community care, and education and youth participation programmes. The overall strategy focuses on raising awareness of communities and empowerment, with elements of capacity-building at national and district levels. Youth are considered to be powerful agents of change. Experience with the current AIDS programme will be used as the cutting-edge for promoting community action, particularly in the care and youth programmes. The proposed country programme will support the reduction of child and maternal mortality and malnutrition through the active involvement of governmental and community-based organizations and parents.

* E/ICEF/1996/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its third regular session of 1996.

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THE SITUATION OF CHILDREN AND WOMEN

1. The period from 1991-1996 was one of monumental political change, with a move from a one party to a multi-party system. The first democratically elected Government adopted poverty alleviation as its priority.

2. Two-thirds of the population live below the poverty line. Child mortality is among the highest in the region - 135 and 234 per 1,000 live births, respectively, for the infant mortality rate (IMR) and the under-five mortality rate (U5MR). The major causes are malaria and anaemia, followed by pneumonia, measles and diarrhoea. Malawi has achieved the immunization goals with more than 90 per cent coverage, and there have been no confirmed cases of polio since 1992. Forty-eight per cent of all children under five years of age are chronically malnourished. Underlying causes include the lack of household food security, gender influenced and improper child feeding practices, and infections. Micronutrient deficiencies are widespread, and legislation for salt iodation has been adopted. Only 5 per cent of mothers breast-feed exclusively, although breast milk substitutes are virtually unknown.

3. The maternal mortality rate (MMR) is 620 per 100,000 live births resulting from inadequate information and access to essential services; high-risk reproductive behaviour; illiteracy; poor nutrition; and traditional beliefs and practices, including the low status of women. HIV/AIDS prevalence is one of the highest in the world, with HIV infection at 30 per cent for urban and 12 per cent for rural areas. The social and economic effects and the impact on programming are severe, and it is predicted that there will be 850,000 AIDS orphans by the year 2000. About one half of the rural population have no access to clean water and sanitation. More than 30 per cent of all water points are not functioning at any one time. Knowledge of oral rehydration therapy is 69 per cent.

4. Literacy is 29 per cent for females and 48 per cent for males. Free primary education was introduced in 1994. Malawi is likely to achieve the mid-decade goal for education.

LESSONS LEARNED FROM PAST COOPERATION

5. The national programme of action was well-developed in 1991, but the targets were very high and progress towards the mid-decade goals was initially slow. Little attention was given to gender balance or targeting of assistance to the poor.

6. The success of the expanded programme for immunization (EPI) has not been indicative of a generally well functioning health delivery system, but a special outcome of effective social mobilization. EPI is now more demand-driven, although almost entirely donor financed, and incorporates other preventive services in its delivery system.

7. The area-based approach demonstrated the need for decentralization, a commitment that has yet to be fully implemented. The mid-term review concluded that the success of capacity-building is dependent on (a) the availability of

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knowledge and skills; (b) managerial capacity and leadership abilities; (c) the presence of political will; and (d) a resource base for recurrent costs.

PROPOSED COUNTRY PROGRAMME STRATEGY

8. The country programme strategy has been formulated on the basis of its anticipated contribution to the national priority of poverty alleviation, the trends and current status of children and women, the provisions of the Convention on the Rights of the Child, the opportunities of the democratic transition, and the World Summit for Children goals. The objectives are (a) to create an enabling environment that places highest priority on the needs and the protection of children; and (b) to ensure, without gender bias, their health and well-being through the active involvement of governmental and community-based organizations and parents. The programme will assist the Government in reducing IMR from 135 to 100 per 1,000 live births and U5MR from 234 to 175 per 1,000 births. Chronic child malnutrition will be reduced by 25 per cent and MMR by 20 per cent.

9. The overall strategy focuses on raising awareness of communities and empowerment, with elements of capacity-building at national and district levels. A principal thrust will be the mobilization of youth as agents of change.

10. The democratic transition led to an increase of donor assistance mainly for service delivery. Therefore, UNICEF resources will be used for otherwise under-funded strategic investments and innovative pilot initiatives. Service delivery remains important where there is little possibility for community action, or where coverage can be increased through incorporation with EPI. UNICEF will assist to increase the demand for effectiveness and responsiveness of services to community needs.

11. All programmes will have a capacity-building strategy. A focus on the child through increased knowledge of the Convention on the Rights of the Child and a gender-equity approach will be key. Advocacy will create the political and programme context to enable new capacities to function and be accepted.

12. The Convention on the Rights of the Child will serve as the platform for the empowerment and mobilization of communities and individuals for compliance with child rights. Development is dependent on democratic decision-making and the Government recognizes that poverty alleviation is a process through which the poor are empowered. One strategy for empowerment is to centre interventions in the community, using traditional and modern committees and structures, and provide a focus on child rights. This development strategy complements the Malawi Social Action Fund and the United Nations Development Programme strategy through the promotion of district development committees and funds. The other major strategy for empowerment is communication to generate behavioural changes. Communication about the Convention at household and local levels will be used to influence decisions about the use of resources taken by parents and families as they are the primary investors in children. Behavioural change follows the steps of providing relevant information, producing a desire for change, and facilitating the ability to act through the creation of an enabling environment.

13. The social policy, advocacy and communications programme will draw on the new spirit of democratization by supporting the creation of an enabling environment to facilitate behavioural change and influence policies for creating greater awareness of child rights. The social policy component will advocate for the "20/20" concept and will aim to make the best interests of the child a primary consideration of policy makers, opinion leaders and planners. This will include policy review and dialogue and enhancing collaboration with the United Nations system and with the Bretton Woods Institutions, especially in the areas of structural adjustment and debt relief. The planning, monitoring and evaluation component will assist in building capacity for appropriate data collection for improved planning and community involvement. It will emphasize gender disaggregation and use sentinel sites for community surveillance. The child rights' project will strengthen the capacity of the National Commission for Children to act as an ombudsperson and to become the guardian of the Convention on the Rights of the Child. Partnerships will be developed with the National Alliance for Children, Initiatives for the Mobilization of Private Action, the press and activists for the advancement of children's rights.

14. The health programme will contribute to reductions in mortality and malnutrition by sustaining EPI coverage at over 90 per cent; provide trained workers in case management of common childhood diseases in 65 per cent of the health facilities; and increase the portion of birth deliveries in health facilities, the number of referred obstetric emergencies and the involvement of village health committees in health centre management. The healthy child, or EPI Plus, and the sick child projects will contribute to ensuring adequate and sustained preventive (including micronutrient supplementation) and curative services through the incorporation of capacity-building efforts. The safe motherhood project will contribute to meeting the needs of women and neonates during pregnancy and delivery and will be linked to wider reproductive health and family planning services. The health community initiative aims to empower communities, households and individuals to utilize existing health services effectively and appropriately, to demand and obtain new services through both the health and non-health sectors, and to acquire improved health and nutrition knowledge.

15. The water supply and sanitation programme aims to reduce child morbidity and mortality by raising coverage of safe drinking water to 80 per cent and sanitation to 60 per cent in target districts. Hygiene education and sanitation promotion, with mandatory village management of water sources, are essential components of both the shallow-well rehabilitation and the hand-dug well projects in districts suitable for this technology. Gender concerns will be addressed, particularly in sanitation.

16. The objective of education and youth participation is to raise and sustain net primary enrolment to 90 per cent and ensure access of youth to formal and non-formal life skills programmes. Major donors are investing in the formal education system. The primary education project will create and maintain popular demand for enrolment and retention, particularly of girls. The project will mainly involve and empower school committees and parent-teacher associations in the establishment and management of community schools and in training about the value of girls' education. The out-of-school youth project, while strongly linked to the youth reproductive health project, will promote

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child and youth policies by increasing dialogue with children, creating a child rights' network and providing opportunities for youth to be heard.

17. The family and community care programme will contribute to ensuring the well-being of an estimated 800,000 AIDS orphans, reducing chronic malnutrition from 48 to 35 per cent and providing increased learning opportunities for preschool children. The early childhood development project will mobilize community resources for the provision of day-care and educational services for young and vulnerable children. Gender analysis of the control of household resources, including cropping, will lead to the consideration of individual food security and identifies the need for child nutrition. This project aims to increase the consumption of oil and micronutrients by young children and pregnant and lactating women in selected small farming communities. Nutrition education and dietary diversification activities will be strengthened. Women's economic empowerment initiatives will focus on peri-urban marginalized areas.

ESTIMATED PROGRAMME BUDGET

Estimated programme cooperation, 1997-2001 a/
(In thousands of United States dollars)

	<u>General</u> <u>resources</u>	<u>Supplementary</u> <u>funds</u>	<u>Total</u>
Social policy, advocacy and communications	2 500	700	3 200
Health	4 500	3 500	8 000
Water supply and sanitation	1 000	5 000	6 000
Education and youth participation	4 250	3 000	7 250
Family and community care	<u>2 500</u>	<u>2 800</u>	<u>5 300</u>
Total	<u>14 750</u>	<u>15 000</u>	<u>29 750</u>

a/ These are indicative figures only which are subject to change once aggregate financial data are finalized.
